STATE OF LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS CORRECTIONS SERVICES

Department Regulation No. A-05-008

08 July 2002

ADMINISTRATIVE Information Services Requests for Statistical Information

- 1. AUTHORITY: Secretary of the Department of Public Safety and Corrections as contained in Chapter 9 of Title 36.
- 2. PURPOSE: To establish the Secretary's policy regarding requests for statistical information.
- 3. APPLICABILITY: Undersecretary, Information Technology (IT) Director and employees of the Office of Information Services.
- 4. POLICY: It is the Secretary's policy to provide access to the Department's demographic population profiles and management reports via the Internet at no cost. These profiles and reports can be found on the Department's web site at www.corrections.state.la.us. Individual requests for statistical information not otherwise available will require payment at a rate of \$50.00 for each hour of computer processing time and \$50.00 for each hour of computer programmer time per programmer. Each request must be approved on a case-by-case basis by the Secretary or Undersecretary.

5. PROCEDURES:

- A. Written inquiries for statistical information should describe the request in complete detail and be addressed to the Department's IT Director.
- B. Requests for information on individual inmates will not be processed.
- C. Requests will be reviewed and upon approval by the Secretary or Undersecretary, a cost estimate will be provided. Before processing the request a signed "Letter of Agreement for Statistical Information" (see attached) along with a check made payable to the Department of Public Safety and Corrections must be received.

D. Shipping charges will be billed at cost.

Rienard L. Staldér Secretary

ml

Attachment: Letter of Agreement for Statistical Information

Letter of Agreement for Statistical Information

LOUISIANA DEPARTMENT OF PUBLIC SAFETY and CORRECTIONS CORRECTIONS SERVICES

Post Office Box 94304 Baton Rouge, LA 70804 Fax Number: 225.342.8759

This form must be signed by an authorized individual, witnessed, and returned with your payment. The undersigned understands that the cost of obtaining the requested information will be at a rate of \$50.00 for each hour of computer processing time and \$50.00 for each hour of computer programmer.

The undersigned understands and agrees to accept responsibility to protect the privacy and security rights of individuals as required by Federal and State laws.

The undersigned will not sell any information received from the Department of Public Safety and Corrections to any third party.

STATISTICAL INFORMATION REQUESTED:

		
AUTHORIZED INDIVIDUAL	DATE	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
NAME OF OR		
WITNESS		
400001/ED DV//0 / // // //	\ DATE	

APPROVED BY (Secretary or Undersecretary)

DATE